



2132
PATENT
450106-02418

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

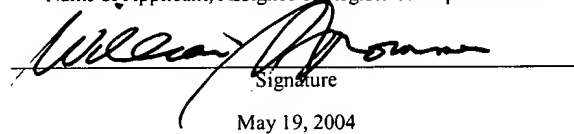
Applicant(s) : Nobuyuki KIHARA et al.
Serial No. : 09/674,441
For : DATA PROCESSING APPARATUS, DATA PROCESSING
METHOD, TERMINAL UNIT, AND TRANSMISSION
METHOD OF DATA PROCESSING
Filed : November 1, 2000
Examiner : Kyung H. Shin
Art Unit : 2132

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with
the United States Postal Service as first class mail in an envelope
addressed to: **Commissioner for Patents, P.O. Box 1450,**
Alexandria, VA 22313-1450, on May 19, 2004.

William S. Frommer, Reg. No. 25,506

Name of Applicant, Assignee or Registered Representative


Signature

May 19, 2004

Date of Signature

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MAY 28 2004

Technology Center 2100

RESPONSE TO RESTRICTION REQUIREMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated April 26, 2004, please amend the above-identified
application as follows:



PATENT
450106 -02418

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Nobuyuki KIHARA et al.
Serial No. : 09/674,441
For : DATA PROCESSING APPARATUS, DATA PROCESSING METHOD,
TERMINAL UNIT, AND TRANSMISSION METHOD OF DATA PROCESSING
Filed : November 1, 2000
Examiner : Kyung H. Shin
Art Unit : 2132

745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

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Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	5	Minus	** =20	* 0 x	\$18 (9)	= \$ 0
Independent claims	2	Minus	*** =6	* 0 x	\$86 (43)	= \$ 0
Total additional fee for this amendment						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$_____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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William S. Frommer, Reg. No. 25,506

Name of Applicant, Assignor or Registered Representative

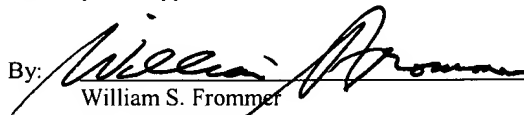

Signature

May 19, 2004

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By: 
William S. Frommer
Reg. No. 25,506
Tel: 212-588-0800

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